

## Minutes: Direct Billing Subcommittee

---

DATE	TIME	LOCATION
11/26/2018	1PM – 3PM	DHHS Campus – Main Building – Lilac Conference Room

### MEMBERS

X= In Attendance					
X	Adhikari, Sudip	X	Aiken, Sarah	X	Blaine, Sara
X	DeScenza, Deborah	X	Donovan, Michelle	X	Gaudreault-Larochelle, Debbie
X	Hall, Erin	X	Howell, Kenda	X	Hunt, Sandy
	McCahon, Ellen		Milinder, Le'Ann	X	Nemeth, Melissa
X	Potoczak, Ann		Pufahl, Carl	X	Weston, Kaarla
			<b>GUESTS:</b>		Jennifer Doig

### MEETING OBJECTIVES/DISCUSSIONS

- Provider Manual Development
- Provider Status Definitions
- Responsibilities of Area Agencies
- Next Steps

#### Provider Manual Development

Reviewed minutes from September meeting. Revisions at attendance noted. Minutes accepted with the revisions noted.

Provider Specific Billing Manuals (Volume II) for Developmental Services and CFI were found at <https://nhmmis.nh.gov/portals/wps/portal/BillingManuals> these manuals are to be used in conjunction with the general billing manual (Volume I) which is currently being drafted by the Bureau of Improvement & Integrity and there are hopes that it will be finalized in the next few months.

Questions and discussions during this meeting included:

- Will it teach providers about expectations related to becoming a provider?
- Service definitions, wording should align with rules and state statutes
- Will it help define policies regarding quality of services?
- It should be detailed regarding billing procedures
- Will it define Bureau expectations or provider agreements?
- All 10 Area Agencies will have to agree on guidelines so billing is not done differently in different regions. Outlines of the responsibilities for the AA's and the responsibilities of the vendors should be included in the manual
  - Concerns discussed over who would take over quality oversight with direct bill providers
  - All ten 10 AA's would need to align and they would still have a quality oversight role, but right now working on getting recommendation and ideas. It hasn't been determined yet what the final processes/roles/oversight would be or how to implement

## Minutes: Direct Billing Subcommittee

---

- Look at how other states operate. The only difference we hope is AA's are doing oversight that the states do in other states. BDS will continue oversight of AA's
- Will Direct Bill providers be able to subcontract?
- What if individual refuses services?
- WL Management would most likely remain with AA's, they will continue to do URs and reallocations. Possibility of Direct Bill Providers being on the table as a negotiation tool
- Could we create a factsheet for vendors who might want to become a direct bill vendor to review first, include things that they should consider such as vendor of last resort, quality, subcontracting etc. This should also include positive incentives to become a vendor.
- Cost of care issues? Other states do not have in & out Medicaid. How will direct bill vendors make sure they can collect money from the families?
- Sometimes Medicaid is closed. Direct Bill vendors need to be cautious. AA's have Service Coordinators who make sure benefits are up and running. It could be a liability for Direct Bill vendors.
- This manual will need to tie into the work being done in the other workgroups, some of the topics discussed which are being worked on by other workgroups included:
  - Rates will need to be distinguished
  - If vendor is on a probation period, what will the corrective action process be for the vendor to return to good standing.
  - Interview process with the family?
  - Provider of last resort and/or giving notice?

These types of conversations and questions are always being held and never are the answers written down. Creating a manual gives us the opportunity of having a document which describes a situation which may arise for a vendor, they can review the manual and see if XXX happens, then vendor should do XXXX.... Manual needs to have full disclosure. We need to flip over every rock to make sure it is extensive in information.

### Action Items

What	Who	When
Meet with Program Integrity to discuss Volume I and try to implement provider requirements into the manual	Sandy Hunt	TBD

# Minutes: Direct Billing Subcommittee

---

## Provider Status Definitions

Definitions have not been finalized and remain in draft form. Our next meeting there will be more detailed versions of the definitions.

We are looking at moving away from three (3) separate definitions to one (1) evolving definition. Almost tiered.

Could we look at nationwide organizations which grant accreditations? AA's would need to go through this process too.

What are the licensing requirements and/or similarities with CFI case management providers?

Federal guidelines for "eligible provider" are limited as to the definition of expectations, we should strengthen the definition

AA's vetting processes should be reviewed and see where they overlap and come up with a single process they can all agree with and then combine that with the federal rules. This would become a "best practice" in our system.

## Responsibilities of an Area Agency

All initial plans from the AA have been submitted. Some AA are already looking at who they currently have in conflict and resolving them one-by-one.

Waiting to hear back from CMS regarding firewall policies.

There may be exceptions where a provider may be in conflict if they meet rural exemption and have the appropriate firewalls in place.

Consumer Direct Services are not considered to be in conflict as long as FMS rate is a Medicaid administrative rate.

## Next Steps

Development of Provider Manual

Finalize Provider Status Definitions

Rule(s) Development

- Create a workgroup to discuss what rules will need to be developed
  - Delineate quality oversight and define the roles
  - Review 505 and/or 507 and determine what may need changes
  - Pick out the global rules and discuss how to recreate them into the provider manual

## Minutes: Direct Billing Subcommittee

---

- Look at the Quality Council rules committee and how they can be included in this process
- This workgroup will start in January

### **Next Meeting(s)**

January 28, 2019 from 1PM – 3PM

February 25, 2019 from 1PM – 3PM

March 25, 2019 from 1PM – 3PM

## Minutes: Direct Billing Subcommittee

DATE	TIME	LOCATION
September 28, 2018	1PM – 2PM	Lilac Conference Room – Main Building

## MEMBERS

X= In Attendance					
	Aiken, Sarah	x	Potoczak, Ann	x	Blaine, Sara
x	Gaudreault-Larochelle, Debbie		Goddard, Susan	x	Hall, Erin
x	Hunt, Sandy		Howell, Kenda	x	Michelle Donovan
x	Milinder, Le'Ann	x	Nemeth, Melissa		
			<b>GUESTS:</b>		None scheduled

## MEETING OBJECTIVES

## Introductions and Overview of Group

## Provider Status Definitions

## Responsibilities of an Area Agency

## Responsibilities of the Provider Agency

## Provider Manual Development

**Discussions:**

The group will be working to develop a process in NH that will allow providers to direct bill. Vendor agencies in the group shared their thoughts and ideas.

Discussion around direct billing, questions related to vendor choice in direct billing:

- Can the vendor pick and choose for whom they would like to be “provider of last resort”?
- Can the provider agency subcontract out, as the provider of last resort, as Area Agencies do now? There are some people for whom the Vendor Agency may not want to be the provider of last resort. It was discussed that some Vendor Agencies may make a decision about direct bill depending on the area agency.

The work of this group overlaps with the financial management services (FMS) group on definition and duties. The group reviewed the draft definitions from the FMS group.

The group engaged in discussion about vendors and area agencies selecting preferred program. The group discussed “cherry picking” as an ethical challenge from both vendor agency and area agency perspectives. Provider Selection by families should address this challenge.

Who will be responsible to develop system capacity? Will it be the Area Agencies' role as the OHCDs?

There was group discussion around providers giving notice. Currently, vendors are able to give notice, how will this play out when a provider can direct bill?

## Minutes: Direct Billing Subcommittee

---

There will need to be a system in place to compel the vendor to provide services when not under contract with the AA (as authorized provider).

Provider selection, if the Agency does not have capacity, they will be taken off the list of available providers.

How will an agency will conclude services if not an authorized provider, how will this be reflected in the rules? How is the rate going to be fixed? How will GM be broken out and CM vs. OHCDs rate?

The group reviewed the “Responsibilities of an Area Agency” document, drafted by the FMS group. Does the function, need to stay with an area agency? Can this list be broken out and essentially get rid of AA? Has it been it looked at for an overlap?

The group discussed looking at the waiver sub assurances with the providers so they know what is required and the state will be responsible for these outcomes.

Look at the LSS law suit was it in the decree and who oversee the law suit.

Responsibility of provider agencies vs. Area Agencies

Provider manual

Let the providers know about working on the providers list, by Friday of next week will send a survey as what do you do and when and where

### Action Items:

What	Who	When
Review definitions, provider handbooks	All workgroup members	Bring all edits and thoughts to next meeting

### Next Meeting:

Monday, November 26, 2018 from 1 PM – 3 PM – Birch Room, Main Building

## Minutes: Direct Billing Subcommittee

DATE	TIME	LOCATION
August 16, 2018	1PM – 2PM	Lilac Conference Room – Main Building

## MEMBERS

X= In Attendance					
x	Aiken, Sarah	x	Barry, Ellen	x	Blaine, Sara
	Gaudreault-Larochelle, Debbie		Goddard, Susan		Hall, Erin
x	Heath, Rochelle		Howell, Kenda	x	Hunt, Sandy
	Milinder, Le'Ann		Nemeth, Melissa	x	Potoczak, Ann
x	Schultz, Jude				
			<b>GUESTS:</b>		None scheduled

## MEETING OBJECTIVES

- Discuss purpose & expected outcomes of the workgroup
- Provider status definitions discussion
- Responsibilities of the AA
- Responsibilities of the Provider Agency
- Provider Manual Development
- Set next meeting

**Discussions:**

Discussed BDS working under the CAP to come into compliance with separating case management from service delivery & provide provider direct billing

Discussed preliminary definitions and regulations for designated agency, authorized agency, and certified agency

Reviewed current responsibilities of the AA along with rule citations

In order to create the provider manual we need to determine clearly what is the AA responsibilities and what case management (CM) agencies do, and the BDS oversight. Develop regulations which will outline minimum necessary for providers to be certified to deliver services

### Action Items:

What	Who	When
Review all handouts to get different perspectives	All workgroup members	Bring all edits and thoughts to next meeting

**Next Meeting:**

Friday, September 28, 2018 from 10AM – 12PM – Birch Room, Main Building